

SPEAKER APPLICATION

Contact Information:

Name_____

Professional Title_____

Specialty_____

Company Name_____

Address_____

City/State/Zip_____

Telephone (Include area code) _____

E-Mail Address_____

Fax Number (Include area code) _____

Presentation Information:

Presentation Title_____

Provide a short paragraph about your working background, education and job duties:

Submit a short paragraph which explains what you plan to say.

Submit three or four statements explaining what an attendee will learn from your presentation.

Examples:

- 1.) Attendees will understand why post-offer screening is valid in today's business.
- 2.) Attendees will be able to identify the key roles in litigation of a workers compensation claim.
- 3.) Attendees will be able to list tests and goals of therapy associated with dizziness and balance discomforts.
- 4.) Attendees will be able to distinguish the differences between a common headache and a migraine.

[illegible]

Fax completed information to Dena Ackors at (785) 296-1775.

THANK YOU FOR YOUR APPLICATION!